

- KN-14**
- SENDER: COMPLETE THIS SECTION Document 6
COMPLETE THIS SECTION ON DELIVERY
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nurse Speigner
 Houston County Jail
 901 Main E. Main Street
 Dothan, AL 36301

A. Signature <i>Rosemary Owens</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Rosemary Owens</i>	C. Date of Delivery <i>12-8-05</i>
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1:05cv974 (order, R&R, Copy) 40 day
 2. Article Number
 (Transfer from service label)

7005 1160 0001 2962 2864

Domestic Return Receipt

102005-02-M-1540

PS Form 3811, August 2001

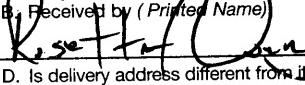
SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Lamar Glover
 Houston County Jail
 901 Main E. Main Street
 Dothan, AL 36301

**Knight
COMPLETE THIS SECTION ON DELIVERY**

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) 	C. Date of Delivery 12-8-05
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

- | | |
|-----------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

- Yes

1:05cv974 (order, RTR, chp 4000)
 2. Article Number
 (Transfer from service label)

7005 1160 0001 2962 2840

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Kewill

SENDER: COMPLETE THIS SECTION

6 COMPLETED THIS SECTION ON DELIVERY

Page 3 of 3

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

W. McCarthy, Commander
 Houston County Jail
 901 Main E. Main Street
 Dothan, AL 36301

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Love for Burns

C. Date of Delivery
12-9-05D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

Restricted Delivery? (Extra Fee)

 Yes

1:05cr974 (order, R+R+400g)

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 2857

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540